2021 CCO 2.0 VBP Interview Questionnaire and Guide

Introduction

Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, will be scheduled in June 2021. Please schedule here if your team hasn't already done so.

Staff from the OHSU Center for Health Systems Effectiveness (CHSE) will be conducting the CCO VBP interviews again this year. Similarly, they will be using information collected as part of the larger evaluation effort of the CCO 2.0 VBP Roadmap.

Please complete **Section I** of this document and return it as a Microsoft Word document to OHA.VBP@dhsoha.state.or.us by **Friday, May 28, 2021**. Submissions should be approximately 10–15 pages and should not exceed 15 pages.

All the information provided in Section I will be shared publicly.

Section II of this document describes the oral interview topic areas and suggestions for CCO preparation. CCO responses to oral interview questions will be de-identified in publicly reported evaluation results.

If you have questions or need additional information, please contact:

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Section I. Written Interview Questions

Your responses will help OHA better understand your VBP activities this year, including detailed information about VBP arrangements and HCP-LAN categories.

1) Describe how your CCO engages stakeholders, including providers, in developing, monitoring or evaluating VBP models. If your approach has involved formal organizational structures such as committees or advisory groups, please describe them here.

   YCCO primarily utilizes several methods and forums of developing and engaging stakeholders in the development of VBPs:

   - Alternative Payment Model (APM) Sub-Committee of the Board of Directors - YCCO has had a long-standing APM Sub-Committee which meets on a recurring basis to discuss and provide input on the development of new VBPs, review quality metrics programs/performance, and update/adjust current VBPs when necessary.

   - Quality and Clinical Advisory Panel (QCAP) – YCCO also formally engages with contracted network providers during monthly QCAP meetings to review VBP model metrics and performance as well as to gain strategic clinical insight into model VBP model development.

   - Regular Contracted Clinical Network Site Visits - YCCO directly engages with providers on a clinic level in the development of new VBPs, discussing concerns, goals, and implications of both parties during the process. Dedicated YCCO provider relations staff with operational and clinical expertise lead these discussions. Doing so allows for YCCO to better understand provider perspectives on what VBPs have or have not worked for the provider previously, as well as ensuring that YCCO and the provider are working towards common goals as part of a strategic partnership.

   - Technical Assistance (TA) Forums – YCCO hosts TA forums for contracted providers to provide education and ensure understanding of VBP models in place. General model and specific clinic level questions are addressed during these events covering topics such as the member assignment process for VBP arrangements.

2) Has your CCO taken steps to modify existing VBP contracts in response to the COVID-19 public health emergency (PHE)? *[Select one]*

   ☒ CCO modified VBP contracts due to the COVID-19 PHE. *[Proceed to question 3]*
   ☐ CCO did not modify any existing VBP contracts in response to the COVID-19 PHE. *[Skip to question 4].*

3) <u>If you indicated in Question 2</u> that you modified VBP contracts in response to the COVID-19 PHE, please respond to a–f:

   a) If the CCO modified *primary care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

      ☐ Waived performance targets

      ☒ Modified performance targets

      ☐ Waived cost targets

      ☐ Modified cost targets

      ☐ Waived reporting requirements

      ☐ Modified reporting requirements

      ☐ Modified the payment mode (e.g. from fee-for-service [FFS] to capitation)

      ☐ Modified the payment level or amount (e.g. increasing per member per month [PMPM])

   b) If the CCO modified *behavioral health care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

      ☐ Waived performance targets

      ☒ Modified performance targets

      ☐ Waived cost targets

      ☐ Modified cost targets

      ☐ Waived reporting requirements

      ☐ Modified reporting requirements

      ☐ Modified the payment mode (e.g. from FFS to capitation)

      ☐ Modified the payment level or amount (e.g. increasing a PMPM)

   c) If the CCO modified *hospital* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

      N/A-No Modifications Made

      ☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

d) If the CCO modified *maternity care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☒ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

e) If the CCO modified *oral health* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☒ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

4) Did your CCO expand the availability or the provision of telehealth to members as a result of COVID-19? If so, describe how telehealth has or has not been incorporated into VBPs in 2021.

   - YCCO promoted the use of telehealth services to its contracted providers as an alternative to in-person care as a result of COVID-19. Communication of updated billing codes and covered services *(based on guidance from OHA)* took place across all service delivery lines including physical, behavioral and oral health. Telehealth CPT codes were worked into the YCCO VBP PCP capitation model with our two largest primary care providers. Additionally, for those participating APM clinics, a telehealth visit was treated the same as an in-person visit and clinics received corresponding quarterly PMPM payments based on engagement.

5) Has your CCO's strategy to measure quality changed at all as a result of COVID-19? Please explain

   - YCCO continues to adjust and remain flexible as the COVID-19 pandemic and its impacts evolve. YCCO understands that COVID-19 has impacted both engagement and utilization so is working with clinics to ensure they are still working to meet quality measures while also providing a guarantee that they will receive funding based on reporting only.
   - Additionally, during the COVID-19 pandemic efforts were undertaken to support widespread COVID-19 testing and immunization. This has included strategic partnership with local community benefit organizations, sharing data directly with the local public health authority and contracted provider network regarding high-risk members and direct outreach to members to schedule immunizations. As a result, tracking and supporting COVID-19 positive members as well as ensuring widespread immunization of members have become additional quality data points the YCCO measures.

The following questions are to better understand your CCO's plan for mitigating adverse effects of VBPs and any modifications to your previously reported strategies. We are interested in plans developed or steps taken since September 2020, when CCOs last reported this information.

6) Describe in detail any processes for mitigating adverse effects VBPs may have on health inequities or any adverse health-related outcomes for any specific population (including racial, ethnic and culturally based communities; lesbian, gay, bisexual, transgender and queer [LGBTQ] people; persons with disabilities; people with limited English proficiency; immigrants or refugees; members with complex health care needs; and populations at the intersections of these groups). Please focus on activities that have developed or occurred since September 2020.

- YCCO continues to monitor VBPs for any unintended consequences that adversely impact any specific population's access to care. YCCO is exploring and leveraging risk adjustment models that also evaluates utilization by demographics to identify if specific populations have different access to care. Through the use of a population health platform, Metrics Manager, YCCO routinely looks at quality measure performance across the system, disaggregated by provider. Performance can be measured through a variety of filters including age, gender, diagnosis, geographic distribution, race, ethnicity, and language. On an annual basis, YCCO evaluates year-end performance as it applies to the CCO's unique improvement targets and through an equity lens determines where disparities exist. In partnership with providers, YCCO then develops actions to address gaps in care. By doing this detailed disaggregation, the CCO is able to identify vulnerable populations and identify and avoid any adverse or unintended outcomes related to VBP agreements. YCCO provides incentives for Member engagement and outcomes for assigned Members.
- YCCO will continue to provide Continuing Education for providers to better manage and interact with diverse Members within YCCO. YCCO has a policy that providers must follow in order to reassign or "fire" a Member. In the event that this occurs, a YCCO Community Health Worker (CHW) will reach out to the Member.

7) Have your CCO's processes changed from what you previously reported? If so, how?

YCCO has identified two key ways in which prior plans were altered from original plans:

- YCCO had to revisit its overall strategy and tactics in the maintenance, development, and implementation of hospital based VBPs since originally planned. One primary example is within DRG VBP arrangements, wherein the shift to 80% of Medicare reimbursement and removal of HRS funding has injected greater uncertainty and new expectations of DRG hospitals. As such, one prior VBP arrangement has actually been unwound due to the unwillingness of a DRG hospital willing to take on any additional risk that they deemed unnecessary, and unaccepting reimbursement levels that is less than what they felt was guaranteed from the CCOs.

- A second change is a revisit of which risk adjustment methods make the most sense for which VBP. To that point, capitation VBPs in development are incorporating CDPS risk adjustment factors rather than the ACG model that was initially considered.

8) Is your CCO planning to incorporate risk adjustment in the design of new VBP models, or in the refinement of existing VBP models?

- As previously noted, YCCO has been exploring the use of ACG risk adjustment tools for VBP development for at least primary care for some time. Since then, YCCO is also now moving to and incorporating CDPS risk adjustment factors into capitation VBP arrangements for primary care. The ACG platform is still being explored for other purposes.

The following questions are to better understand your CCO's plan to achieve the CCO 2.0 VBP Patient-Centered Primary Care Home (PCPCH) requirement.

9) Describe the process your CCO has used to address the requirement to implement PMPM payments to practices recognized as PCPCHs (for example, region or risk scores), including any key activities, timelines and stakeholder engagement. Please focus on new developments, changes or activities that have occurred since September 2020.

    - YCCO already had an established mechanism and PMPM payment in place for 2020 for the enhancement and support of PCPCHs. That mechanism was updated for 2021 to meet the new requirements by January 1, 2021, inclusive of expanding the historical PMPM payments to differentiate PMPM payments across the five PCPCH tier levels. This process was developed and reviewed in conjunction with provider and YCCO's APM Sub-Committee input, as well as Board approval of the program. As required by contract, this program and the PMPM rates will be reviewed and increased accordingly in time for the CY2022 provider PCPCH payment rates.

10) Please describe your CCO's model for providing tiered infrastructure payments to PCPCHs that reward clinics for higher levels of PCPCH recognition and that increase over time. If your CCO has made changes in your model to address this requirement since September 2020, please describe any changes or new activities.

    - There have been no changes in infrastructure payments to recognized PCPCH's since September 2020.

The following questions are to better understand your CCO's VBP planning and implementation efforts. Initial questions focus on the three care delivery areas in which VBPs will be required beginning in 2022 which are behavioral health, maternity and hospital care.

11) Describe your CCO's plans for developing VBP arrangements specifically for behavioral health care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes do you intend to incorporate into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier).

- Utilization of VBP with behavioral health providers is an area of strength for YCCO. Over 80% of behavioral health outpatient services are currently delivered by providers operating under a VBP arrangement. VBP contracting supports a wide array of services as well as having built in access and capacity assurances. The largest of the VBP contracts is a direct VBP provider contract with Yamhill County Health and Human Service for outpatient, specialty outpatient, and fidelity EBP services delivered to YCCO members. The YCHHS provider agreement was implemented in 2020 as a LAN category 4A VBP and will continue to be refined in 2021.

- YCCO continues to incentivize primary care clinics with a PMPM payment for staffing a full-time licensed Behavioral Health Provider (BHP) (formerly known as behaviorists). To receive payment, integrated BHP's must follow YCCO guidelines including meeting minimum annual engagement benchmarks. This payment is also being factored into the new primary care capitation VBP being implemented in 2021, to continue to incentivize behavioral health integration.

- Future VBP planning includes evaluation of service delivery patterns across the region to identify larger volume behavioral health providers and explore implementation of a capacity based VBP agreement.

12) Describe your CCO's plans for developing VBP arrangements specifically for maternity care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes do you intend to incorporate into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier).

YCCO is currently working on VBPs inclusive of maternity care in two manners:

- YCCO is currently finalizing LAN category 2C VBPs with at least two of our largest hospital systems for 2021, within which maternity care for both inpatient and outpatient services would be included. At least one of the contracts is intended to have maternity specific metrics, such as C-section rates.

- YCCO is also reviewing and looking to expand our current Maternal Medical home VBP, to 1) ensure that it at least meets the LAN category 2C requirements and 2) to expand the model to additional providers.

13) Describe your CCO's plans for developing VBP arrangements specifically for hospital care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes do you intend to incorporate into this

payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier).

- As mentioned above, YCCO is currently finalizing LAN category 2C VBPs with at least two of our largest hospital systems for 2021, to include both inpatient and outpatient services. These initial VBPs are intended to pave the pathway to larger and more complex VBPs in the future, to include LAN category 4A or 4B capitation agreements possibly as soon as 2022.

14) Have you taken steps since September 2020 to develop any new VBP models in areas other than behavioral health, maternity care or hospital care? If so, please describe.

- As previously mentioned, YCCO has been actively developing and rolling out a primary care capitation VBP pilot, with concrete plans to go live in 2021 for two of our largest PCPs (based upon assignment). Once reviewed and fine-tuned, this VBP pilot is intended to be rolled out to additional primary care providers as well as potentially expanding the service scope of the agreement.

15) Beyond those that touch on models described in questions 11-13, describe the care delivery area(s) or provider type(s) that your new value-based payment models are designed to address.

- As previously mentioned, YCCO has been actively developing and rolling out a primary care capitation VBP pilot, with concrete plans to go live in 2021 for two of our largest PCPs (based upon assignment). Once reviewed and fine-tuned, this VBP pilot is intended to be rolled out to additional primary care providers as well as potentially expanding the service scope of the agreement.

  a) Describe the LAN category, payment model characteristics and anticipated implementation year of new payment models you have developed (or are developing) this year. <u>If you have developed multiple new value-based payment models this year</u>, please provide details for each one.

- As previously noted, YCCO is moving towards a January 1, 2021 implementation at a LAN category 4A primary care capitation VBP, with potential provider expansion in 2022.

  b) If you previously described these plans in September 2020, describe whether your approach to developing these payment models is similar to, or different from, what you reported in September 2020; if different, please describe how and why your approach has shifted (for example, please note if elements of your approach changed due to COVID-19 and how you have adapted your approach).

- YCCO has modified VBP plans in a similar nature as described above, with slight modifications and considerations to 1) which risk score platforms get utilized, 2)

blending and alternation to base data periods utilized to set VBP rates, 3) targeted implementation dates, and 4) PCPCH and CPC+ payment integration.

The following questions are to better understand your CCO's technical assistance (TA) needs and requests related to VBPs.

16) What TA can OHA provide that would support your CCO's achievement of CCO 2.0 VBP requirements?

- YCCO would like to see improved provider messaging from OHA, and not setting expectations within providers on what reimbursement from CCOs should be: specific to what FFs reimbursement should be. This includes but not limited to both DRG and A/B hospitals, DCOs, and BH providers, as recent real world examples.

17) Aside from TA, what else could support your achievement of CCO 2.0 VBP requirements?

- YCCO would like to know if OHA plans to revisit VBP targets in light of COVID-19: the required focus areas were deferred out one year, but the year-to-year total percentages were not.

- Also, has OHA considered the moving denominator impacting CCOs in meeting the year-to-year and long term 70% VBP target, especially in light of significant policy changes outside the control of CCOs (eg. enrollment changes, benefit changes/additions to the CCOs, etc)?

Optional

These optional questions will help OHA prioritize our interview time.

18) Are there specific topics related to your CCO's VBP efforts that you would like to cover during the interview? If so, what topics?

YCCO would appreciate discussions and insight related to the following items:

- Alignment of CCO VBP efforts with VBP efforts of other payers in the healthcare ecosystem, especially for large scale providers serving multiple regions.

- Impact of COVID on VBP targets, especially in light of clinic closures and OHA financial incentive metrics moving to report only for 2020.

- The need for statewide CIE with participation by all healthcare payers and providers in the state.

19) Do you have any suggestions for improving the collection of this information in subsequent years? If so, what changes would you recommend?

YCCO would suggest the following two items for consideration:

- Greater consideration for proprietary information being shared, as much of what is being discussed or shared here is not info that YCCO would consider to be of public domain due to trade secrets.

- Expanded timeline for submission of such requests, in light of significantly increased CCO reporting requirements under CCO 2.0. As an example: this came due along the same time as CCO's initial NAIC filings, as well as quarterly Ex L, risk corridor settlements, rate setting, budgeting, etc.

Part II. Oral Interview

This information will help your CCO prepare for your VBP interview.
Written responses are not required.

Purpose

The purposes of the CCO 2.0 VBP interviews are to expand on the quantitative information CCOs report and have provided in the written section; provide CCOs an opportunity to share challenges and successes; and to identify technical assistance needs. OHSU staff will ask these questions of all CCOs, tailoring the questions to each CCO based on written interview responses.

Format

Oral interviews will be conducted via a video conference platform (such as Zoom) and will be recorded, transcribed and de-identified for further analysis. Analysis may include overarching themes and similarities or differences in how CCOs are engaging in VBP-related work. OHA may publicly report de-identified and aggregated results next year.

Before we begin, participants will have an opportunity to ask about the interview format. CCOs are encouraged to send questions to OHA *prior to* the interview, as discussion time will be limited.

Interview topics

Questions topics will include your CCO's VBP activities and milestones in 2021, any early successes or challenges encountered in this work so far, and how your CCO's plans for future years are taking shape. Questions will cover four primary areas:

Accountability and progress toward VBP targets. These questions will explore what has been easy and difficult about your CCO's VBP efforts so far, recognizing that each CCO operates within a unique context that must be considered when designing new payment arrangements. We may ask follow-up questions about your written interview responses, including your approach to developing new payment models and any technical assistance you may need. We may ask about how COVID-19 has impacted your CCO's plans.

Design of VBP models and CCO capacity for VBP. These questions will relate to how your CCO is designing new VBP models and payment arrangements. We are interested in better understanding your approach and process as you work toward your CCO's VBP goals. We may ask about the types of information you are drawing on to inform the design of your VBP models. We may ask follow-up questions regarding the characteristics of your new VBP models described in your written interview responses, particularly in the areas of behavioral health, maternity and hospital care.

Promoting health equity and VBP models. These questions will explore how your CCO's work on health equity is informing your VBP efforts. We may ask about how your VBP models are being designed to promote health equity and to mitigate health inequities. We may also ask about your future plans to promote health equity through VBPs.

Provider engagement and readiness for VBP. These questions will explore how your CCO is supporting providers in VBP arrangements, and how COVID-19 may be affecting these arrangements. We may ask about any data or support tools your CCO is using with providers in VBP arrangements, and any successes or challenges you have had.